| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | (signature) | | 11/08/99 |
| O.I.P.E. CLASSIFIER | | | 11/10/99 |
| FORMALITY REVIEW | | 65918 | 11-19-99 |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ | .............................. Rejected | N | ................................ Non-elected |
| = | .............................. Allowed | I | ................................ Interference |
| — | (Through numeral) Canceled | A | ................................ Appeal |
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| 8 | 8 | ✔ = | | | | | | | | |
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| 12 | 12 | ✔ = | | | | | | | | |
| 13 | 13 | ∕ = | | | | | | | | |
| 14 | 14 | ✔ = | | | | | | | | |
| 15 | 15 | ✔ = | | | | | | | | |
| 16 | 16 | ✔ = | | | | | | | | |
| 17 | 17 | ✔ = | | | | | | | | |
| 18 | 18 | ✔ = | | | | | | | | |
| 19 | 19 | 0 = | | | | | | | | |
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| 21 | 24 | = | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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